

Fig. 1

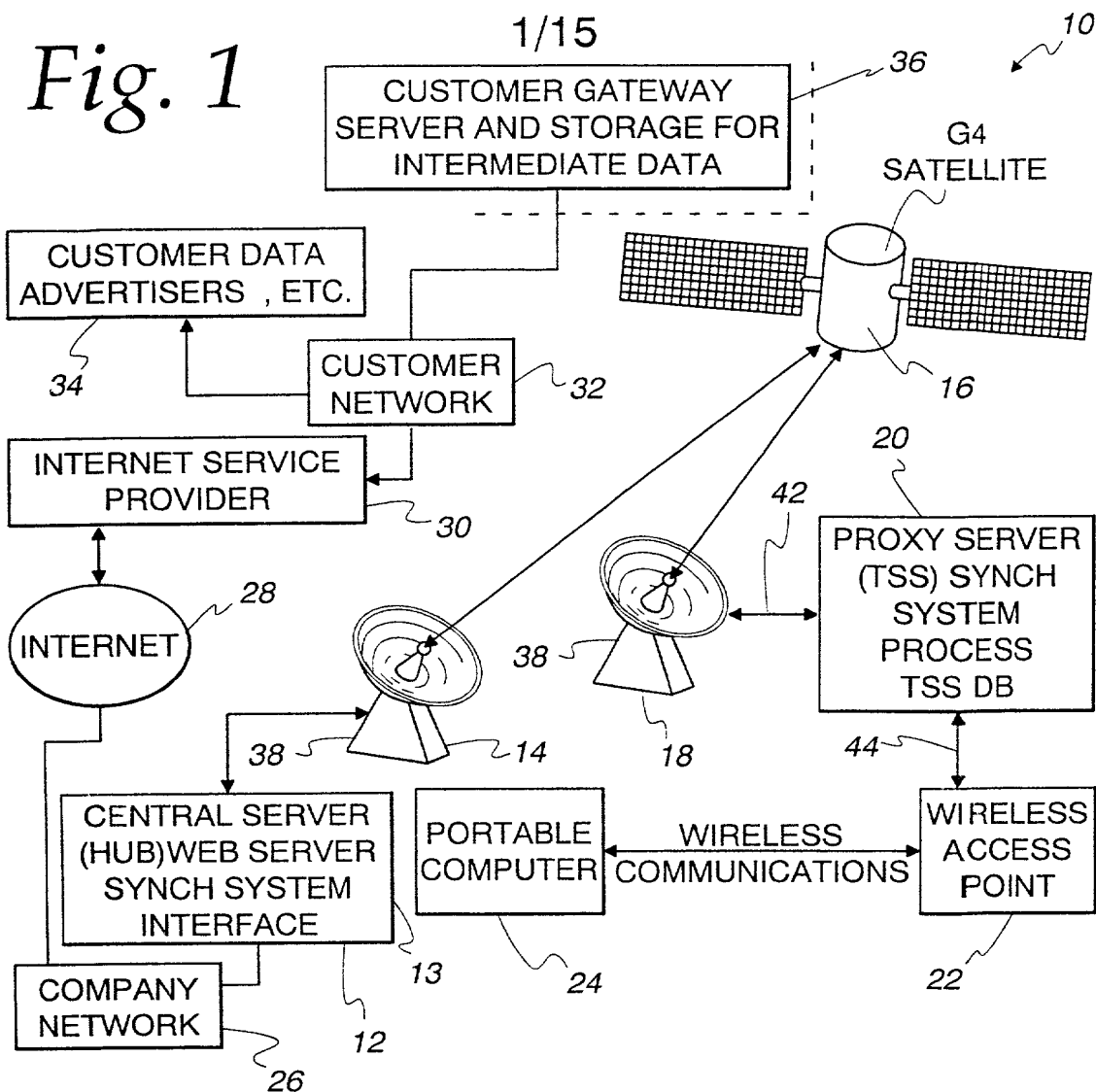
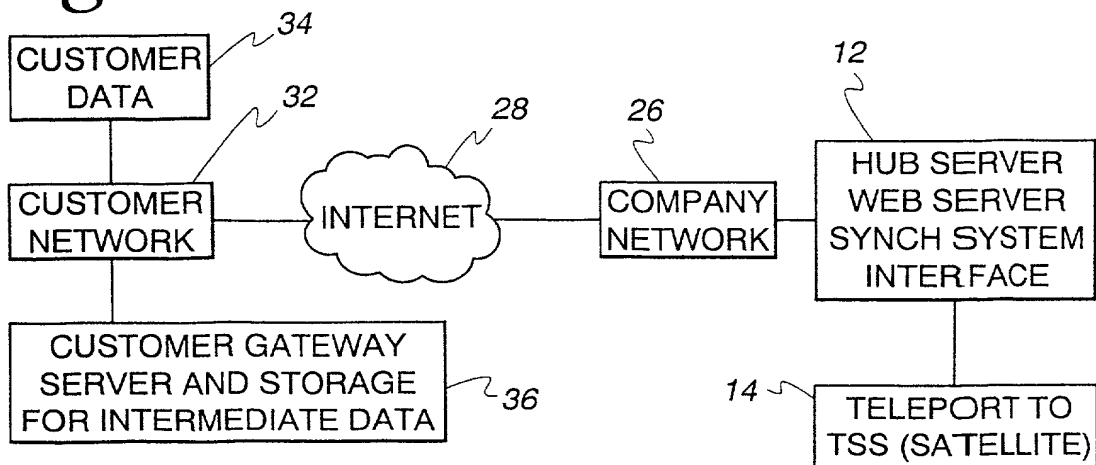


Fig. 2



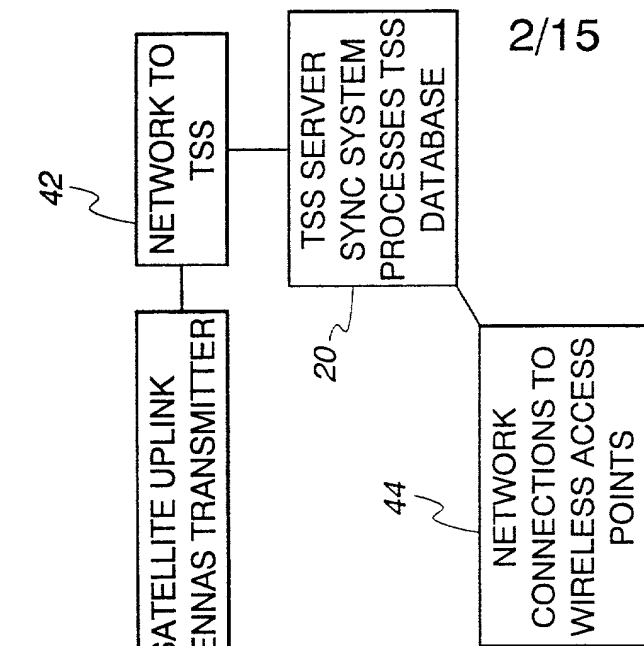


Fig. 4

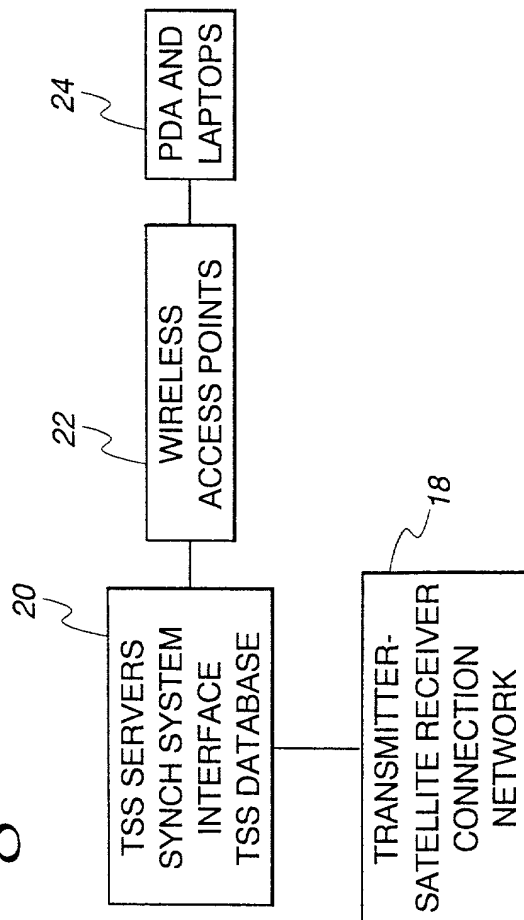


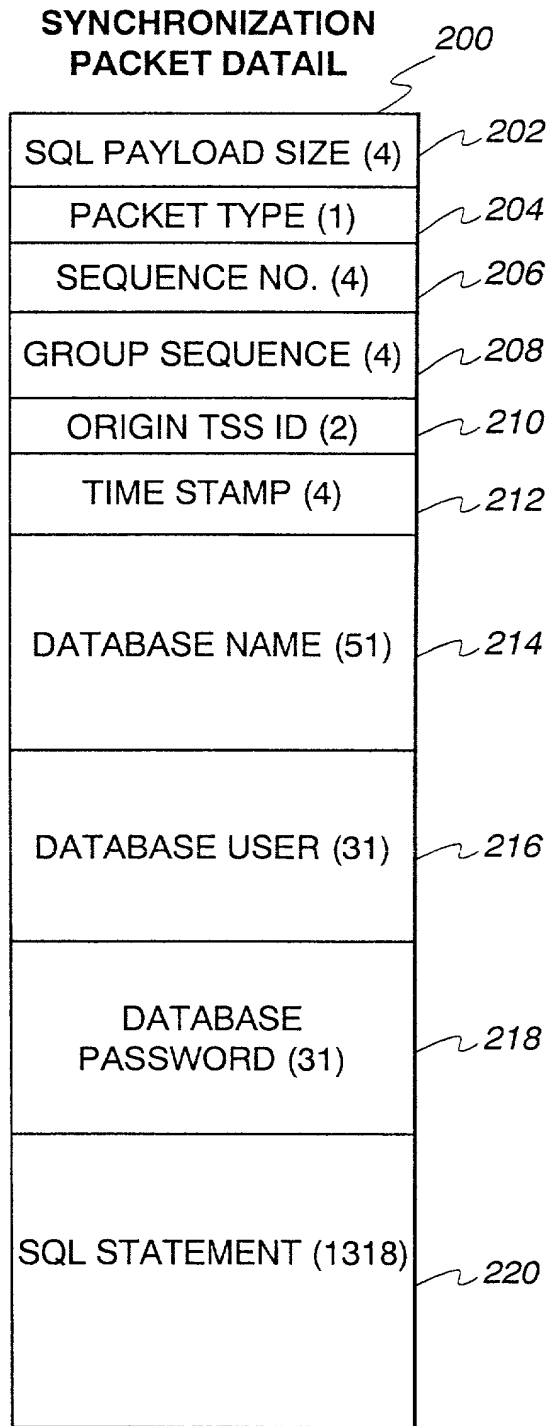
Fig. 5

Fig. 6

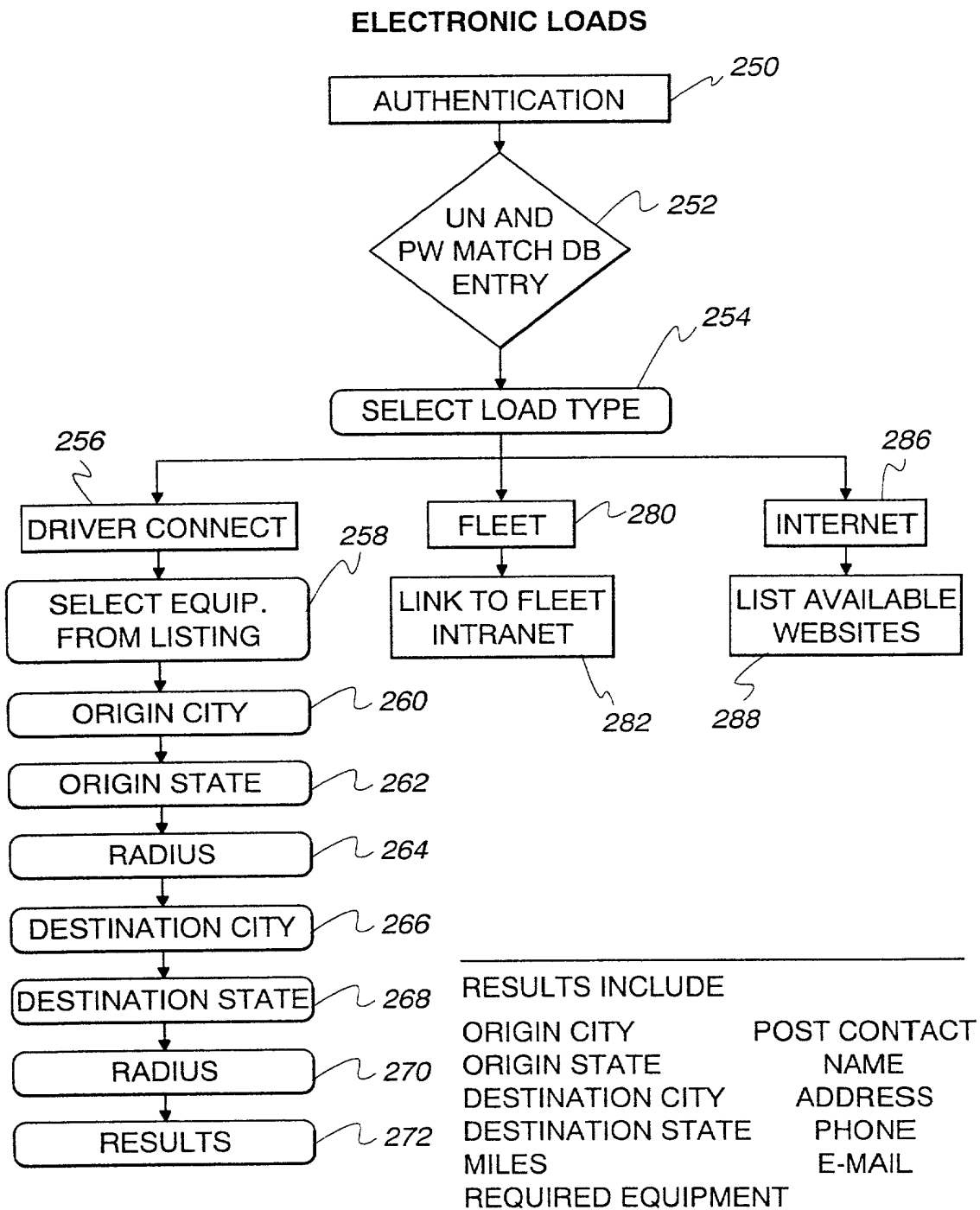


Fig. 7BA

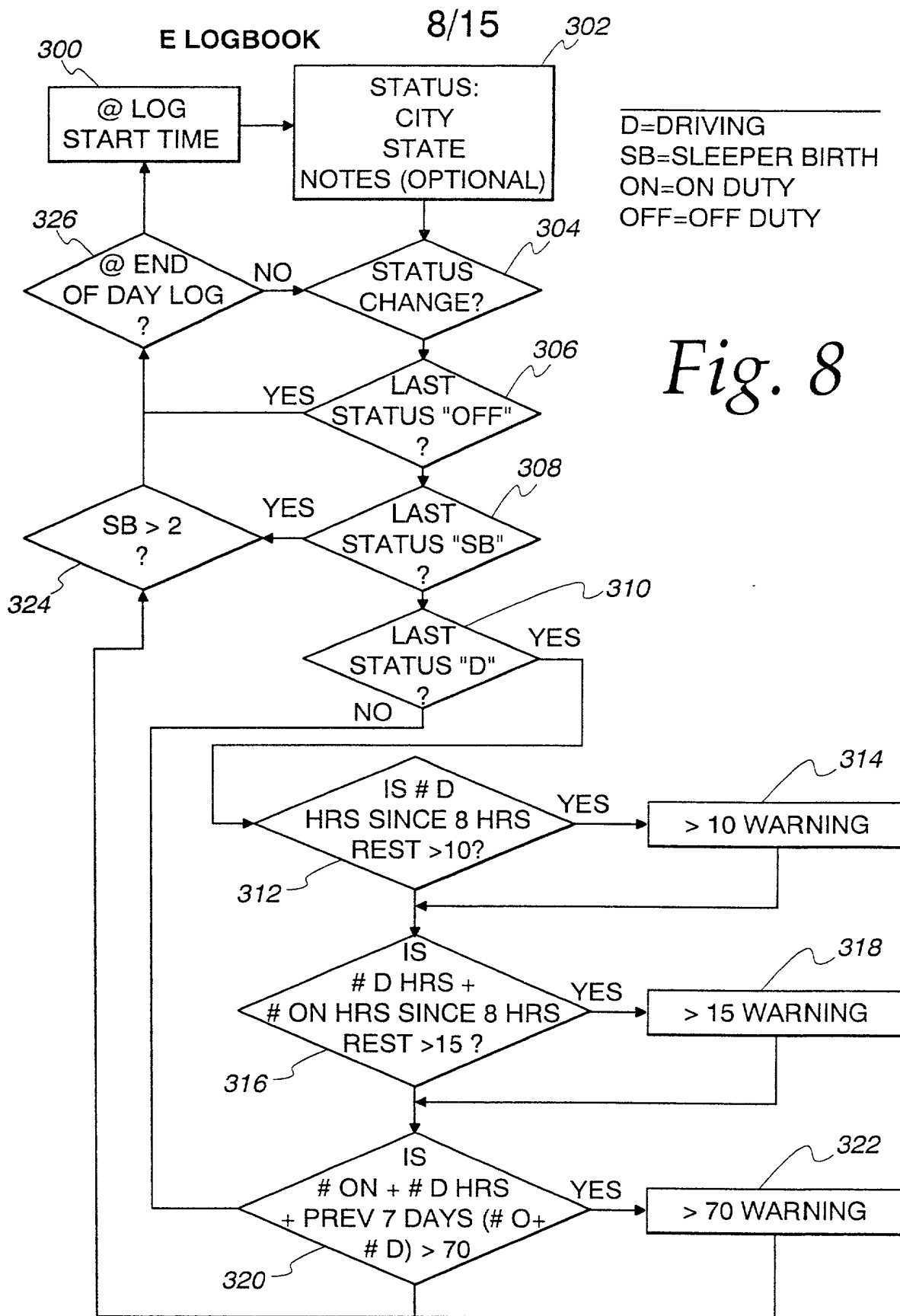
Fig. 7AAFig. 7AB

| | | | |
|--------------------------|----|--|---|
| 7/15 | | | |
| VAN OR FLATBED | VF | | V |
| VAN OR FLATBED W/TARP | VT | | V |
| VAN OR REEFER | VR | | V |
| VAN W/CURTAINS | VC | | V |
| VANS, SPECIALIZED | | | |
| MOVING VAN | MV | | S |
| VAN, DOUBLE | V2 | | S |
| VAN, DRIVER TEAM | VM | | S |
| VAN, TRIPLE | V3 | | S |
| VAN, HOTSHOT | VH | | S |
| VAN, INSULATED | VI | | S |
| VAN, OPEN TOP | OT | | S |
| VAN, ROLLER BALL | VB | | S |
| VAN, VENTED | VV | | S |
| VAN W/CURTAINS | VC | | S |

Fig. 7BB

Fig. 7BA

Fig. 7BB



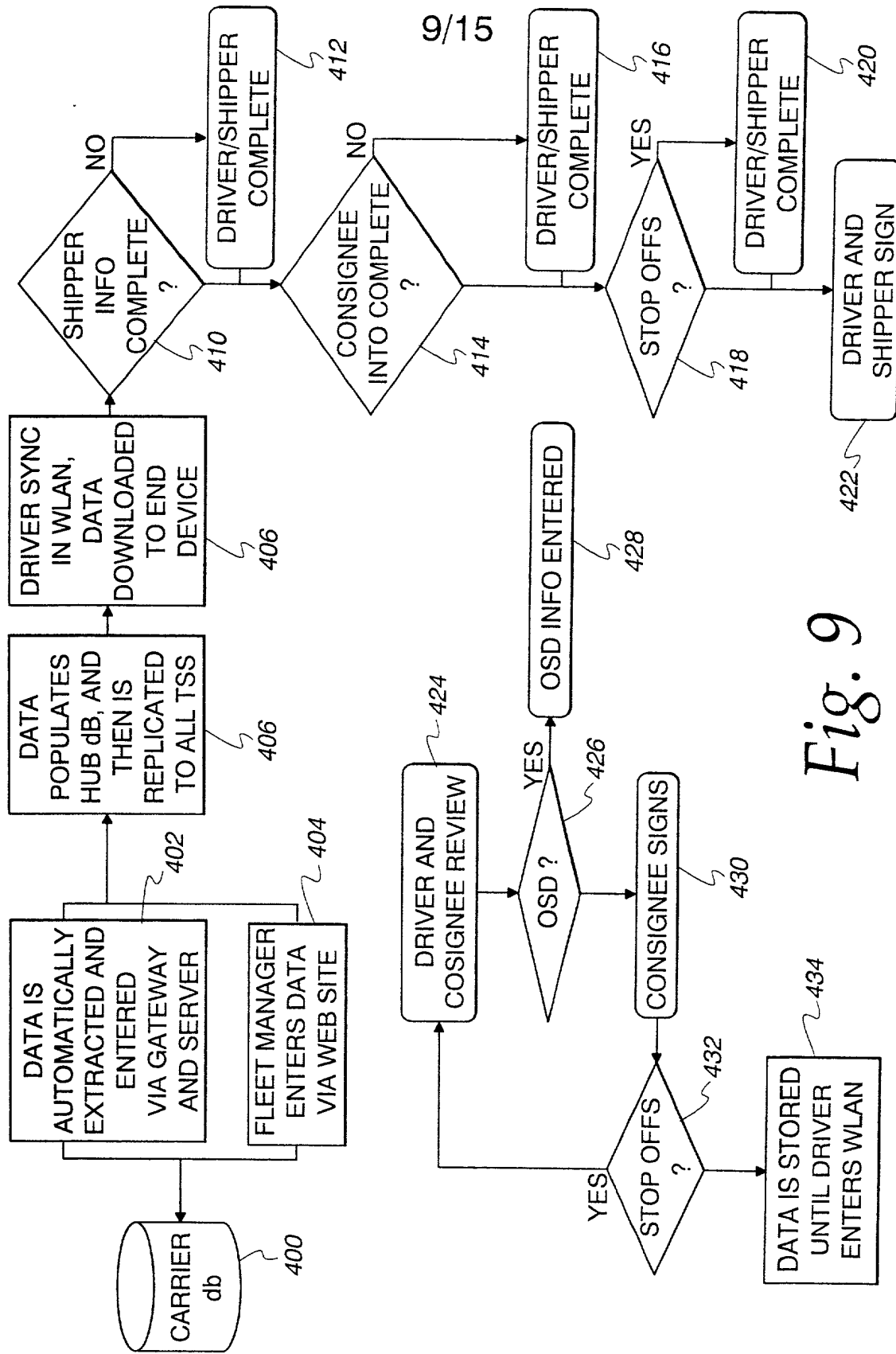


Fig. 9

HUB INCOMING DATA MANAGEMENT

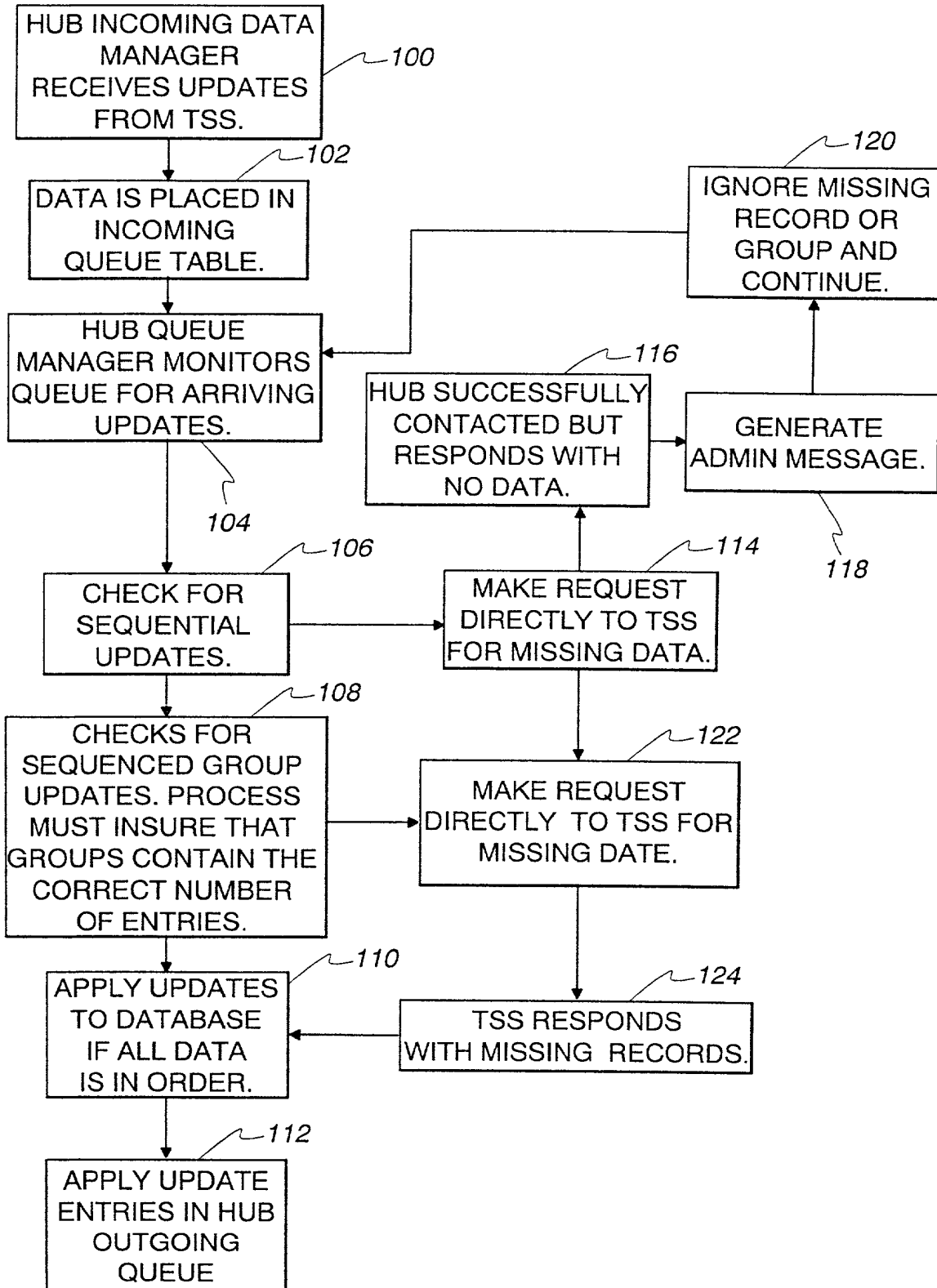
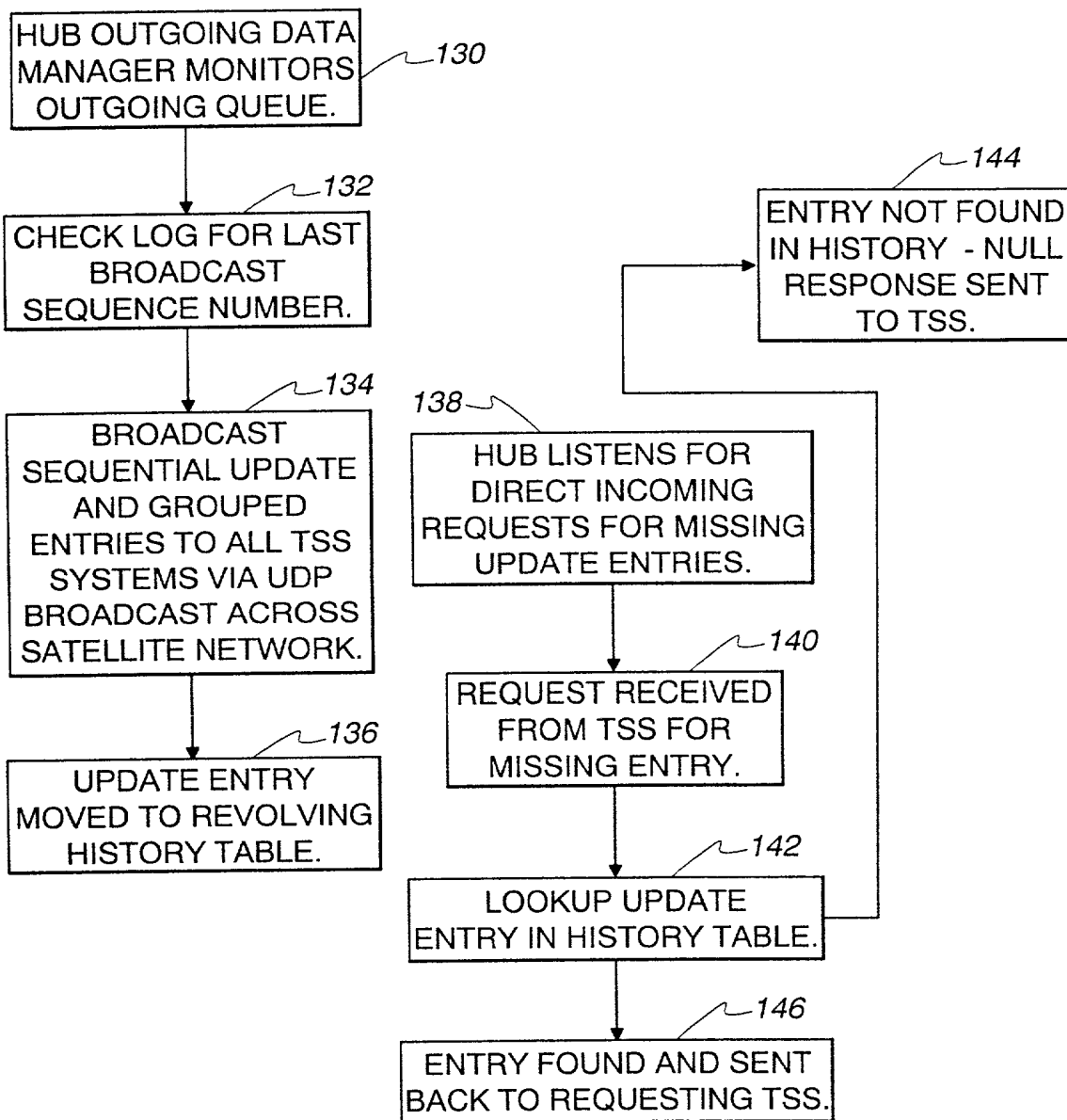


Fig. 11

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HUB OUTGOING DATA MANAGEMENT

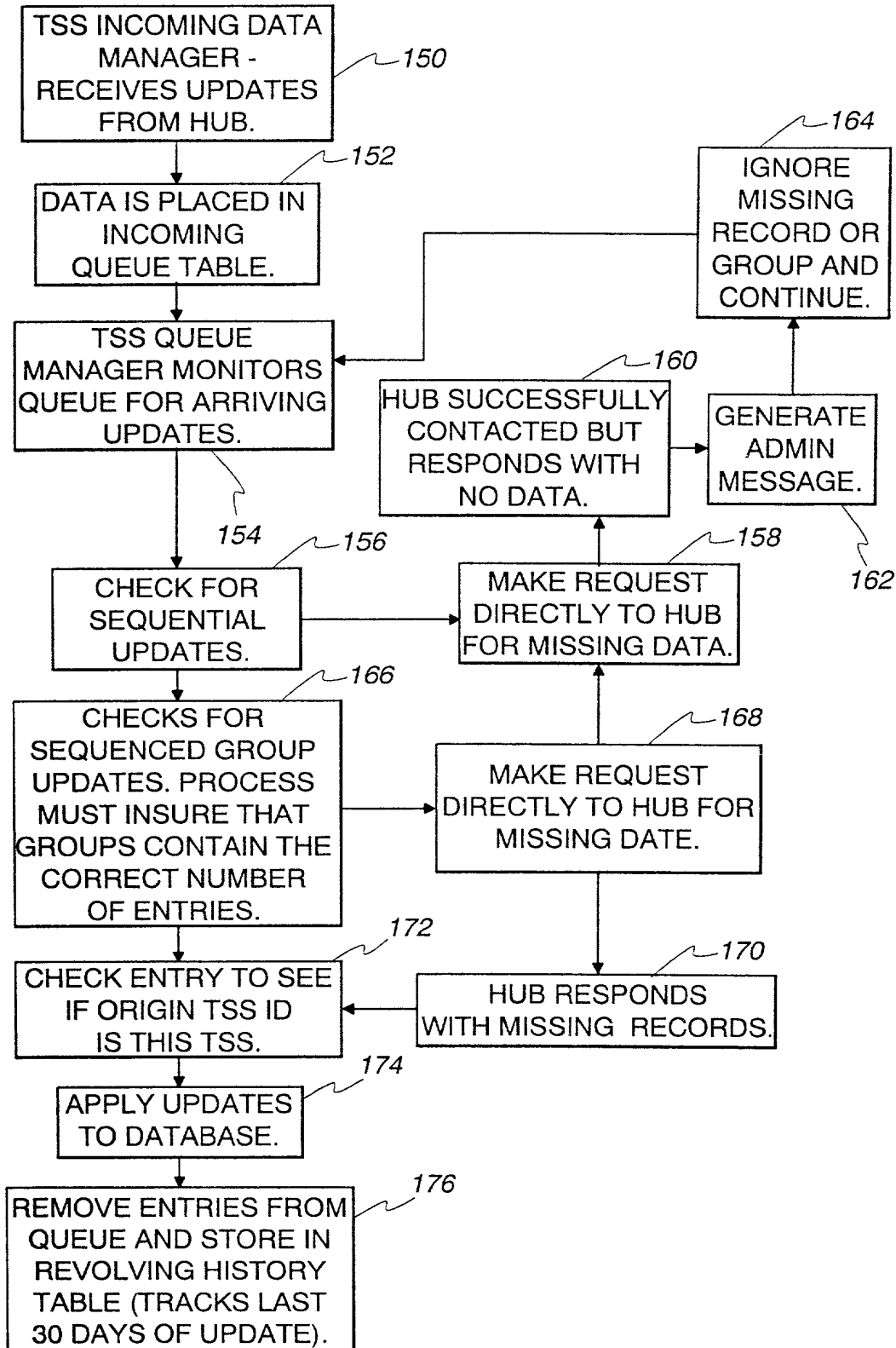


105290" 69692850

Fig. 12

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TSS INCOMING DATA MANAGEMENT



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Fig. 13

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TSS OUTGOING DATA MANAGEMENT

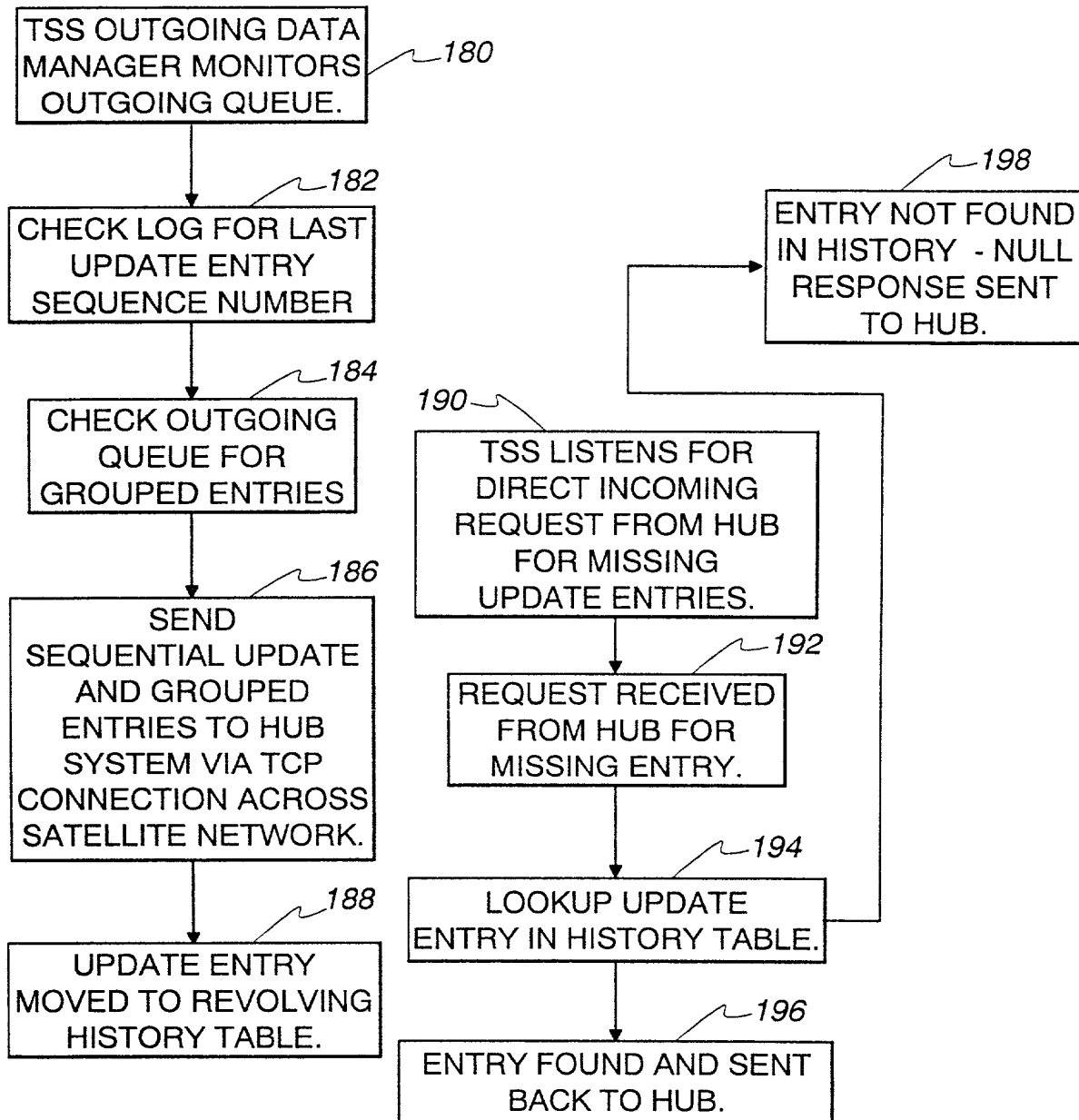


Fig. 14A

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| | |
|---|---|
| <p>Electronic Freight Bills</p> <p>Welcome! Store your shipping documents and capture all required signatures using this application</p> <p>Shipper Consignee Originators, Inc Originators, Inc</p> | <p>Bill of Lading Menu</p> <p>Load Number: 1111 Origin: Originators, Inc Destination: Destinations, Inc</p> <p>Info Signature</p> <p>* Shipper <input checked="" type="checkbox"/> <input type="checkbox"/> * Consignee <input checked="" type="checkbox"/> <input type="checkbox"/> * Carrier(s) <input type="checkbox"/> <input type="checkbox"/> * B/L Data <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Delete Notes Main Menu</p> |
| <p>Shipper Info</p> <p>Load Number: 1111 Name: Originators, Inc Address: 1111NW 12th St City: Blahville State: ▼ BL Zip: 99555 Phone: 99555</p> <p>Directions: The directions are too vague on this freight bill. Had to call shipper to get.</p> <p>Sign Cancel Done</p> | <p>Shipper Info</p> <p>Load Number: 1111 Name: Originators, Inc Address: 1111NW 12th St City: Blahville State: ▼ BL Zip: 99555</p> <p>Signature</p> <p>Cancel OK</p> |
| <p>Consignee Info</p> <p>Load Number: 1111 Name: Destinations, Inc Address: 1515SW 11th Ave City: Bordonville State: ▼ BV Zip: 115 Phone: 111 111-1111</p> <p>Directions: No directions because it's very easy to find.</p> <p>Sign OSD Stop Off Cancel Done</p> | <p>Consignee Info</p> <p>Load Number: 1111 Name: Destinations, Inc Address: 1515SW 11th Ave City: Bordonville State: ▼ BV Zip: 115</p> <p>Signature</p> <p>Cancel OK</p> |
| <p>OSD Notes</p> <p>----- ----- ----- ----- ----- ----- ----- ----- ----- -----</p> <p>Cancel Done</p> | <p>Carrier Info (1 of 1)</p> <p>Load Number: 1111 Name: Trucking Company, Inc Tractor No: 115 Trailer No: 112 Trans Loc: -----</p> <p>Add</p> <p>Add Cancel Done</p> |
| <p>Carrier Info (1 of 1)</p> <p>Load Number: 1111 Name: Trucking Company, Inc Tractor No: 115 Trailer No: 112 Trans Loc: -----</p> <p>Signature</p> <p>Cancel OK</p> | <p>Bill of Lading Info</p> <p>Load Number: 1111 Bill Number: 2222 Shipping Date: 7/20/00 Payment: ▼ Collect C O D Amount: 0.00 C O D Fees: 0.00 Charges Adv: 0.00 Declared Value: 1000.85</p> <p>Items Cancel Done</p> |

Fig. 14B

| <p>Bill of Lading Info</p> <p>Load Number: 1111</p> <table border="1"> <thead> <tr> <th>Qty</th> <th>Description</th> <th>Lbs</th> <th>HM</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>A lot of stuff</td> <td>500</td> <td>5</td> </tr> <tr> <td>100</td> <td>A lot of stuff</td> <td>500</td> <td>5</td> </tr> </tbody> </table> <p>Add Items Finished</p> | Qty | Description | Lbs | HM | 100 | A lot of stuff | 500 | 5 | 100 | A lot of stuff | 500 | 5 | <p>Bill Notes</p> <p>----- ----- ----- ----- ----- ----- ----- ----- ----- -----</p> <p>Cancel Done</p> |
|---|----------------|-------------|-----|----|-----|----------------|-----|---|-----|----------------|-----|---|---|
| Qty | Description | Lbs | HM | | | | | | | | | | |
| 100 | A lot of stuff | 500 | 5 | | | | | | | | | | |
| 100 | A lot of stuff | 500 | 5 | | | | | | | | | | |

Fig. 15

| | |
|--|--|
| Driver Application Welcome! Please fill out as much of the following information as possible. You will need to have your driver's license, safety record, and employment history available. <div> <input type="button" value="Cancel"/> <input type="button" value="New Drive App"/> </div> | List Name On Application John Andrews <div> <input type="button" value="Delete"/> <input type="button" value="Delete"/> <input type="button" value="Delete"/> </div> |
| Personal Information Name _____ Address _____ City _____ State <input type="button" value="v"/> Zip _____ Phone _____ E-mail _____ SSAN _____ <div> <input type="button" value="Back"/> <input type="button" value="Cancel"/> <input type="button" value="Continue"/> </div> | Driver's License Information License No. _____ License St. <input type="button" value="v"/> Expiration _____ Birthdate _____ Current CDL class? <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> A HazMat endorsed? <input type="checkbox"/> Yes Double or triple endorsed? <input type="checkbox"/> Yes Tank trailer endorsed? <input type="checkbox"/> Yes <div> <input type="button" value="Back"/> <input type="button" value="Continue"/> </div> |
| Safety Record <input type="checkbox"/> Any accidents in last 3 years? <input type="checkbox"/> Any tickets in last 3 years? <input type="checkbox"/> DUI/DWI in last 7 years? <input type="checkbox"/> Ever convicted of a felony? <input type="checkbox"/> Had license suspended/revoked? <div> <input type="button" value="Back"/> <input type="button" value="Continue"/> </div> | Types of Training <input type="checkbox"/> Refer Operations <input type="checkbox"/> QualComm Operations <input type="checkbox"/> Highway Master Operations <input type="checkbox"/> Flatbed Rigging <input type="checkbox"/> Car Hauling <input type="checkbox"/> Household Movers <input type="checkbox"/> Tanker Operations <input type="checkbox"/> Electronics/Computer Transport <div> <input type="button" value="Back"/> <input type="button" value="Continue"/> </div> |
| Current Employer Company _____ Address _____ City _____ State <input type="button" value="v"/> Zip _____ Phone _____ E-mail _____ <div> <input type="button" value="Back"/> <input type="button" value="Cancel"/> <input type="button" value="Continue"/> </div> | Current Employer Type of Work: _____ _____ _____ _____ _____ _____ Start Date _____ End Date _____ <div> <input type="button" value="Back"/> <input type="button" value="Continue"/> </div> |
| Disclaimer I certify that I personally completed this application and that all of the information is true and correct. I hereby request and authorize any company that receives this application to cause to Applicants Signature <div> <input type="button" value="I Disagree"/> <input type="button" value="I Agree"/> </div> | |